|  | PATENT A                                       | RD                               | ,                      | 09/688525                             |                                       |                               |  |          |               |                       |                       |          |                        |                        |   |  |
|--|--|----------------------------------|------------------------|---------------------------------------|---------------------------------------|-------------------------------|--|----------|---------------|-----------------------|-----------------------|----------|------------------------|------------------------|---|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                                  |                        |                                       |                                       |                               |  |          | SMALL<br>TYPE | ENTI                  | TY<br>)               | OR       | OTHER<br>SMALL I       | THÂN ZÃ<br>ENTITY      |   |  |
| TOTAL CLAIMS   |  |                                  |                        | Zo                                    |                                       |                               |  | -        | RATE          | T                     | FEE                   |          | RATE                   | FEE                    |   |  |
| FOR  |  |                                  |                        | NUMBER FILEO                          |                                       | NUMBER EXTRA                  |  | •        | BASIC FI      | EE 3                  | 55.00                 | OR       | Basic Fee              | 710.00                 | İ |  |
| TOTAL CHARGEABLE CLAIMS  |  |                                  | 20 minus 20=           |                                       | . 0                                   |                               |  | X\$ 9=   |               |                       | OR                    | X\$18=   |                        |                        |   |  |
| INDEPENDENT CLAIMS   |  |                                  |                        | 6 minus 3 =                           |                                       | · 3                           |  |          | X40=          |                       |                       | OR       | X80=                   | 240                    | l |  |
| MULTIPLE DEPENDENT CLAIM P   |  |                                  |                        | RESENT                                | ,                                     |                               |  |          | +135=         |                       |                       |          | +270=                  |                        | ı |  |
| * If the difference in column 1 is   |  |                                  |                        | less than zero, enter "0" in column 2 |                                       |                               | olumn 2  |          | TOTAL         | _                     |                       | OR       |                        | 950                    | İ |  |
| CLAIMS AS AMENDED - PART II  |  |                                  |                        |                                       |                                       |                               |  |          | IOIAL         | ٠ ـــ                 |                       | JUH      | OTHER                  |                        | 1 |  |
| (Column 1)   |  |                                  |                        | (Column 2) (Column 3                  |                                       |                               |  | SMALL EN |               |                       | TITY                  | OR       |                        | SMALL ENTITY           |   |  |
| AMENDMENTA   |  | CLAIMS REMAINING AFTER AMENDMENT |                        |                                       | PREV                                  | BER                           | PRESENT<br>EXTRA   |          | RATE          | TI                    | NDDI-<br>IONAL<br>FEE |          | RATE .                 | ADDI-<br>TIONAL<br>FEE |   |  |
|  | Total  | • 1                              | 1                      | Minus                                 | ••                                    | 30                            | - D  |          | X\$ 9=        | T                     |                       | OR       | X\$18=                 | •                      | l |  |
|  | Independent                                    | •                                | le                     | Minus                                 | ***                                   | 6                             | · 02   |          | X40=          | 十                     |                       | OR       | X80=                   | 7.                     |   |  |
|  | FIRST PRESE                                    | LTIPLE DEPENDENT CLAI            |                        | T CLAIM                               | الـــــــــــــــــــــــــــــــــــ |                               | *+135=   | :        | 5 . i e j     | OR                    | +270=                 |          | 1                      |                        |   |  |
| Fig. 18 September 20 June 19 J |  |                                  |                        |                                       |                                       |                               |  |          | V195-         |                       | (Albimit              | OR<br>GR | YOYAL                  | a.macs(is              | 1 |  |
|  | 8 3 Te. 11                                     |                                  |                        |                                       |                                       |                               | e de la compressión de la comp |          | ODITE         |                       |                       |          | TOTAL STREET           |                        |   |  |
| AMENDMENT B  | s takes serve                                  | P 35 CL                          |                        | on Miss of A.                         |                                       | EST                           |  | Ž,       |               | 35 W.                 | ADDI:                 |          |                        | ADDI                   | 1 |  |
|  |  | AFI                              | ER !                   |                                       | PREV                                  |                               | EXTRA  | 1        | RATE          |                       | : Distant             |          | RATE:                  | TIONAL                 | I |  |
|  | Total  |                                  | 9                      | Minus                                 | 100                                   | 299                           | - 0  | 1        | X\$ 9=        | 1 :                   |                       | OR       |                        | 7                      | 1 |  |
|  | Independent                                    |                                  | <u></u>                | Minús                                 | ***                                   | B                             | - 0  | 1        | X40=          | +                     | -/                    | OR       | X80=                   | 10                     | 1 |  |
| ¥  | FIRST PRESE                                    | T PRESENTATION OF M              |                        | ULTIPLE DEPENDENT                     |                                       | CLAIM                         |  | 1        | 1             |                       | + /-                  |          |                        |                        | ┨ |  |
| +1   |  |                                  |                        |                                       |                                       |                               |  |          |               |                       |                       | OR       | +270=                  | 0                      |   |  |
| TOTAL / OF   |  |                                  |                        |                                       |                                       |                               |  |          |               | OR                    | ADDIT. FEE            | 1//      | 4                      |                        |   |  |
| (Column 1) (Column 2) (Column 3)   |  |                                  |                        |                                       |                                       |                               |  |          |               |                       |                       |          |                        |                        | ╛ |  |
| AMENDMENT C  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |                                  | NUM<br>PREVI           |                                       | BER PRESENT<br>OUSLY EXTRA<br>FOR     |                               |  | RATE     | TI            | NDDI-<br>IONAL<br>FEE |                       | RATE     | ADDI-<br>TIONAL<br>FEE | -                      |   |  |
|  | Total  | (                                | }                      | Minus                                 | . 6                                   | <b>20</b>                     | - Ø  |          | X\$ 9=        |                       |                       | OR       | X\$18=                 | ·                      | 1 |  |
|  | Independent                                    | . ,                              | <u> </u>               | Minus                                 | ***                                   | 6                             | - 10   |          | X40=          | 1                     |                       |          | X80=                   |                        | 1 |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                        |                                       |                                       |                               |  |          |               | 十                     |                       | OR       |                        | <del> </del>           | 1 |  |
| +135:  |  |                                  |                        |                                       |                                       |                               |  |          |               |                       |                       | OR       | +270=                  | <u> </u>               | _ |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  |  |                                  |                        |                                       |                                       |                               |  |          |               |                       |                       | OR       | ADOIT. FEE             | <u> </u>               | 4 |  |
|  | ii the Tugnest Nu<br>The Sinhaci Nun           | nhor Provi                       | nously Pa<br>nucky Pai | id For (Total o                       | r Independ                            | ार एक्ट्र एवं<br>Sent) is the | irio, eriter o.<br>I hichest numb  | er fo    | und in the    | 2000                  | oriate bo             | z in ex  | oluma 1.               |                        | 1 |  |

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Application or Docket Number